

ZONING BOARD OF APPEALS
TOWN OF WEST HARTFORD
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107-2431
TEL: (860) 561-7555 FAX: (860) 561-7504
www.westhartfordct.gov

Petition # 24-19
Fee \$ 430

ZONING APPLICATION FOR: (check one of the following)

☐ VARIANCE

☒ SPECIAL EXCEPTION

☐ APPEAL RULING OF ZONING
ENFORCEMENT OFFICER

☐ MOTOR VEHICLE DEALER/
REPAIRER LOCATION APPROVAL

LOCATION OF
PROPERTY

24 Lindy Lane

Tranbrook Dr

(NEAREST CROSS STREET)

(LOT #)

(ZONING DISTRICT)

APPLICANT

Susan Goodwin

(NAME)

24 Lindy Lane, West Hartford CT 06117

(ADDRESS)

860-418-0025

(TELEPHONE #)

sgoodwin987@comcast.net

(EMAIL)

APPLICANT'S INTEREST IN PROPERTY

Owner

RECORD OWNER OF PROPERTY

Robert & Susan Goodwin 24 Lindy Lane

(Name)

(Address)

DATE OF PROPERTY ACQUIRED BY PRESENT OWNER

7/30/1993

DESCRIBE YOUR APPLICATION: Include applicable sections of the Zoning Ordinance. For applications for a VARIANCE, state legal hardship. Attach second sheet, if necessary. This application must be accompanied by the required fee, site plan(s), and any other information required by the Zoning Ordinance, or Rules of the Board.

Yoga class in my residence - 1 time
once per week with one student

177-49

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Board and Staff inspections of the site. Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)

Susan Goodwin 1-21-2019

SIGNATURE OF PROPERTY OWNER & DATE

(Also print or type clearly)

U:\SharedDocuments\ZBA\zba-zoningapplication_March2016

Susan Goodwin 1-21-2019

SIGNATURE OF APPLICANT & DATE

(Also print or type clearly)

WEST HARTFORD ZONING BOARD OF APPEALS

SPECIAL EXCEPTION (177-49)

INFORMATION SHEET

LOCATION: 24 Lindy Lane.

APPLICANT: Susan Goodwin

TYPE OF SPECIAL EXCEPTION: Yoga Class

PROPOSED HOURS OF BUSINESS:

WEEKDAY HOURS: 9:00-5:00

EVENING HOURS: _____

WEEKEND HOURS: if needed
9:00-5:00

NUMBER OF PARKING SPACES: 6

NUMBER OF EMPLOYEES: 1

LOCATION OF OFFICE AREA FOR BUSINESS OFFICE: Second floor
of home

NUMBER OF CLIENTS PER DAY: 1 for 1 hour class

ADDITIONAL INFORMATION: One class per week
will be held

Explanation of Business

**Susan Goodwin
January 22, 2019**

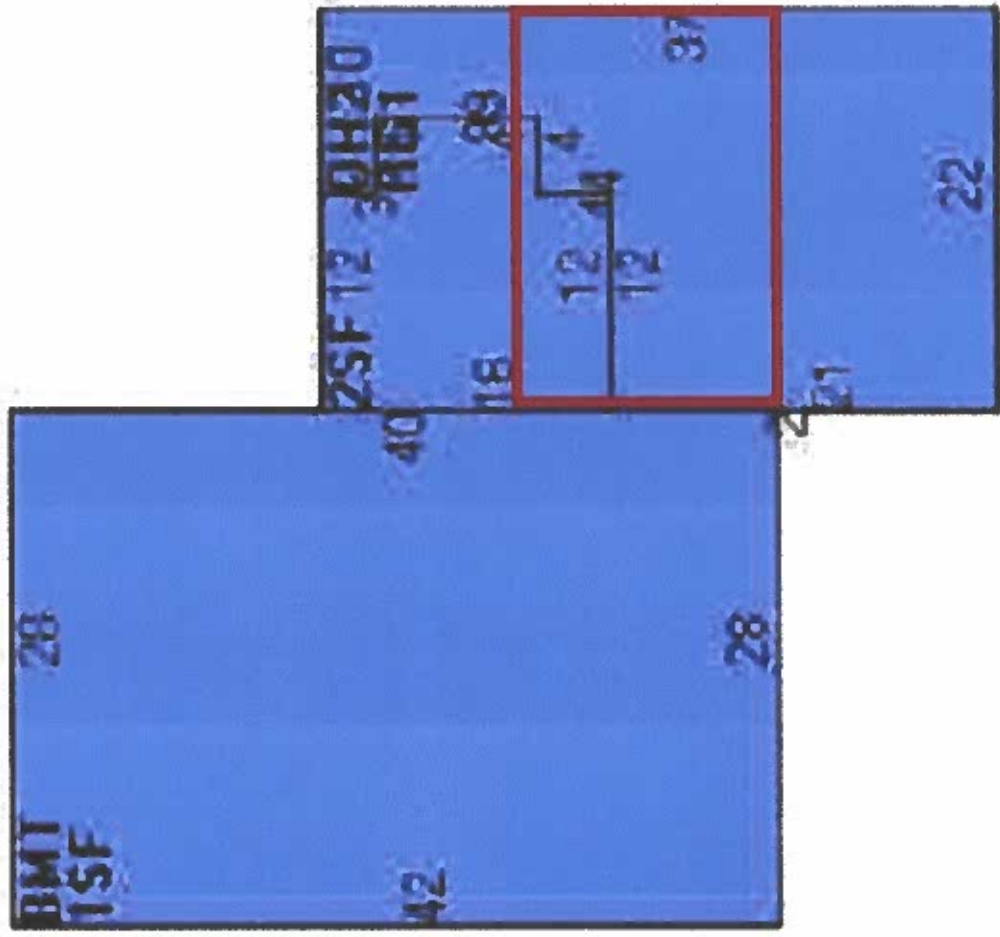
I will be teaching a one hour Yoga Class to one student at a time.

I will be holding one class per week in order to continue my Yoga certification.

I am a 600 hour Yoga Teacher, with 3 certifications, 200 hour all levels Yoga, Chair Yoga, Yin Yoga.

I am not anticipating teaching a class for all 52 weeks of the year.

I teach Chair Yoga classes mixed with Yin Yoga and All levels Yoga. I also teach theme classes, for example Yoga for Insomnia, Yoga for Diabetes.



Yoga Teaching Space - second floor
above garage. Approximately 10' x 22'





June 1, 2016

To Whom It May Concern:

Susan Goodwin has successfully completed a 300 hour training course for Yin Yoga teachers. The entire course consists of written exams, practical exam and the following syllabus:

Asanas
Using Props
Modifications
Teaching Tips & Ethics
Assisting with Alignment
Anatomy and Kinesiology
Yoga Business Development
Working with Special Populations
Yoga Philosophy & Methodology
Communication, Marketing, and Networking
Mudras
Chakras
Bandhas
Pranayama
Yamas & Niyamas
Meditation and Relaxation

As you can see, Susan has successfully demonstrated the ability to teach Yin Yoga in a variety of settings.

Sincerely,

Dr. Paul Jerard, E-RYT 500
Director of Yoga Teacher Training

21 Park Street, Suite 202 | Attleboro, MA 02703 USA
Tel: 508-222-0092 | Email: paul@aurawellnesscenter.com

AURA

wellness center



Chair Yoga Teacher's Diploma

In recognition of diligent practice and study,

Susan Goodwin

has passed the necessary requirements to teach
Chair Yoga, is granted this license,
and the title of Certified Chair Yoga Teacher.

Paul M. Jourd, Jr.
Director of Teacher Training

February 24, 2017
Date of Issue

2393 - UC2
Certificate Number

April 30, 2022
Expiration Date

100 Yoga Teacher Training Hours

Aura Wellness Center surpasses the international standards for Yoga teacher training hours, continuing ed

Lakshmi Voelker Chair Yoga™

This is to certify that

Susan Goodwin, LVCYT

has completed the teacher training certification entitled

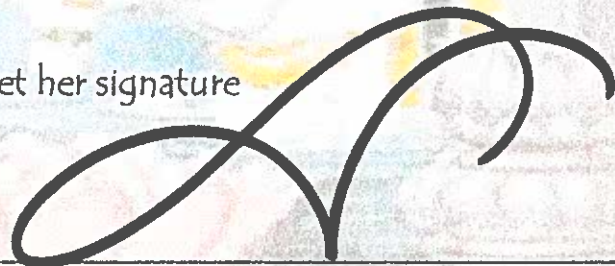
Teaching Chair Yoga™: The Sitting Mountain Series
25-Hour Teacher Certification

The workshop hours are commensurate with
Lakshmi Voelker Chair Yoga®, Kripalu, and Yoga Alliance standards
of 25 hours of training in Sitting Mountain Chair Yoga™ asanas, communication,
teaching methodology, teaching practicum, and professional ethics and practices.

These 25 hours count toward:

- 25 CEU CREDITS AS APPLICABLE

In testimony thereof, Lakshmi Voelker has set her signature
this 5th day of June 2015.



Lakshmi Voelker, Founder
Lakshmi Voelker Chair Yoga™
Get fit where you sit!®



*Sacred Rivers Yoga
28 Main Street
East Hartford, Connecticut*

Sacred Rivers Yoga for Every Body 200 Hour Yoga Alliance Teacher Tra

THIS CERTIFIES THAT Susan Goodwin HAS COMPLETED 200 H
YOGIC TECHNIQUES, TEACHING METHODOLOGY, ANATOMY AND PHYSI
PHILOSOPHY, ETHICS AND LIFESTYLE.

Paula Scopino E-RYT 500

*Paula Scopino, E-RYT 500, LMT, IAYT
Owner/Director, Sacred Rivers Yoga
28 Main Street, East Hartford, CT 06118
www.sacredriversyoga.com
Phone: 860.657.9545 fax: 860.657.3161*



AURA

wellness center

Yin Yoga Teacher's Diploma

In recognition of diligent practice and study,

Susan Goodwin

has passed the necessary requirements to teach

***Yin Yoga*, is granted this license,
and the title of Certified Yoga Teacher.**

Paul M. Gerard, Jr.
Director of Teacher Training

June 1, 2016
Date of Issue

2393-TC24
Certificate Number

June 30, 2018
Expiration Date

300 Yoga Teacher Training Hours

**TOWN OF WEST HARTFORD
PUBLIC HEARING**

TOWN COUNCIL _____
TOWN PLAN AND ZONING _____
INLAND WETLANDS & WATERCOURSES _____
ZONING BOARD OF APPEALS ✓

PUBLIC HEARING DATE 2.13.19

PROPERTY ADDRESS OF APPLICATION 24 Lindy Lane

This acknowledges receipt of a sign purchased in the Town Planner's Office for a public hearing to be held on the above date and concerning the above location.

In accordance with the West Hartford Zoning Ordinance, effective September 9, 1968, as amended, and the administrative procedures of the Inland Wetlands and Watercourses Agency, I shall post this sign on the property in question continuously for seven (7) days previous to the above hearing date in a conspicuous place that is both perpendicular to and visible from the public street.

I will submit an affidavit at the public hearing stating that said sign has been continuously posted as required by the Zoning Ordinance; otherwise said hearing on this location will be illegal. The sign will be removed from the property no later than three (3) days after the public hearing.

1
**Number of Signs
Received**

\$20
Dollar Amount Paid

1.23.19
**Date Sign Was
Received**
→ (using sign from
last year)

[Signature]
Signature of Applicant
860, 418-0025
Applicant's Telephone #

